

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/647899**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2		2		
4		2		2		
5		2		2		
6		0		1		
7		0		1		
8		0		1		
9		0		3		
10		0		3		
11		0		3		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18		0		0		
19		0		1		
20		0		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
25		0		1		
26		0		1		
27		0		1		
28		0		1		
29		0		1		
30		0		1		
31		0		1		
32		0		1		
33		0		1		
34	/		/			
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43						
44						
45						
46						
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49						
50						
TOTAL IND.	3		2			
TOTAL DEP.	112		49			
TOTAL CLAIMS	412		51			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS